

## **HONORARIUM**

NAME : _		
HONORARII	UM REQUEST	
Yes -	I will accept an honorarium and my acceptance confirm that	
( )	I am not a full-time employee of DOE or Federal Government agency or another DOE contractor.	
( )	If I do fall within one of the categories listed above, I am currently On Leave-without pay status.	
I understand	it is my responsibility to co	mply with agreement(s) I may have with
Non-Governn	nent employers regarding p	ayments of honoraria.
	Signed	Date
Please provid	e your :	
Soc	ial Security Number :	
Но	me Address :	
( )	No - I will not accept a	n honorarium